

## **Health Disparities Experienced by Racial/Ethnic Minority Populations**

In the United States, blacks, Hispanics, American Indians/Alaska Natives, Asians, and Native Hawaiian or Other Pacific Islanders (NHOPIs) bear a disproportionate burden of disease, injury, premature death, and disability. For persons of these racial/ethnic minority populations, health disparities can mean lower life expectancy, decreased quality of life, loss of economic opportunities, and perceptions of injustice. For society, these disparities translate into decreased productivity, increased health-care costs, and social inequity. By 2050, racial/ethnic minorities will account for nearly 50% of the total U.S. population. If these populations continue to experience poor health status, the expected demographic changes will magnify the adverse impact of such disparities on public health in the United States.

Since 1985, the U.S. Department of Health and Human Services has coordinated several initiatives to reduce or eliminate racial/ethnic health disparities, such as the Executive Order on Increasing Participation of Asian Americans and Pacific Islanders in Federal Programs. Information about these initiatives is available at <http://www.omhrc.gov/omh/sidebar/aboutomh.htm>. Ongoing public awareness campaigns include Closing the Health Gap and Take a Loved One to the Doctor Day. Despite recent progress, racial/ethnic disparities persist among the 10 leading health indicators identified in the 2010 national health objectives. Socioeconomic factors (e.g., education, employment, and poverty), lifestyle behaviors (e.g., physical activity, alcohol intake, and tobacco use), social environment (e.g., educational and economic opportunities and neighborhood and work conditions), and access to clinical preventive services (e.g., cancer screening and vaccination) contribute to racial/ethnic health disparities. Level of education has been correlated with the prevalence of certain health risks (e.g., obesity, lack of physical activity, and cigarette smoking). In addition, recent immigration might increase risks for chronic disease and injury among certain populations. Although some immigrants are highly educated and have high incomes, lack of familiarity with the U.S. health-care system, different cultural attitudes about the use of traditional and conventional medicine, and lack of fluency in English can pose barriers to obtaining appropriate health care.

The elimination of racial/ethnic disparities in health status also will require important changes in the ways health care is delivered and financed. Unequal access to care and unequal treatment of persons who receive care are key determinants of racial/ethnic disparities in health care and health status.

Beginning with this week's issue, *MMWR* will publish a series underscoring health disparities for certain racial/ethnic populations. The reports in this *MMWR* issue describe levels of physical activity among Asians and NHOPIs in the United States and highlight how community-based surveys of Asian subpopulations and NHOPIs reveal important differences in health status and access to health-care services. These findings can help guide ongoing efforts to reduce or eliminate such disparities.